

TRAVERSE CITY FIRE DEPARTMENT FIRE PREVENTION BUREAU

500 WEST FRONT ST. TRAVERSE CITY, MI 49684 PHONE: (231)922-4930 FAX: (231)922-4872

CONSTRUCTION/REMODEL FIRE CODE PLAN REVIEW APPLICATION

DATE:	PER	RMIT #	(FOR OFFICE USE ONLY)
APPLICANT NAME:		CONTACT:	
APPLICANT ADDRESS	:		
CITY:		STATE:	ZIP:
APPLICANT PHONE N	UMBERS: DAYT	IME:	
CELL:		EMAIL:	
CONTRACTOR LICENSE#:		BUILDING PERM	IT#:
BUSINESS OR BUILDIN	NG NAME:		
SITE ADDRESS:			
SPECIFIC BUILDING U	J SE:		
		SQUARE FOOT	
FIRE SUPPRESSION SY	YSTEM:Y	ESNO	
FIRE ALARM SYSTEM	[:YES	_NO	
PLAN REVIEW, PERM	IT AND INSPECT	TION FEE SCHEDULE	
NEW CONSTRUCTION	/REMODEL FIR	E CODE REVIEW	
Minimum fee \$100.00 for Fee can be waived at disc Two (2) inspection include	\$200.00 \$225.00 \$300.00 \$500.00 \$750.00 r permit review and aretion of reviewer led in permit fee		r charge.
APPLICANT SIGNATU	RE:		